

GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Communications Committee Meeting Minutes

Tuesday, August 3, 2021 | 11:00 AM to 12:00 PM

Zoom

Number of Members: 8

Quorum: 5

Italicized: GCACH Board Member

ATTENDANCE			
Committee Members	Joyce Newsom <i>Kendra Palomarez</i> <i>Madelyn Carlson (Chair)</i>	Norma Soto Penny Bell <i>Rhonda Hauff</i>	<i>Sandra Suarez</i> Viktoriya Broyan
GCACH Staff	Brissa Perez Stacey Davis	Chelsea Chapman Diane Halo	
WELCOME & INTRODUCTIONS			
Welcome & Introductions (Madelyn Carlson)	Madelyn Carlson, Committee Chair, facilitated introductions. There were 6 members present at the convening.		
MEETING MINUTES			
March 2021 Meeting Minutes (Madelyn Carlson)	Madelyn reviewed the March 2021 GCACH Communications Committee meeting minutes. ✓ MOTION: Sandra moved to approve the May and June 2021 GCACH Communications Committee meeting minutes. Seconded Penny. Motion passed. No further comments or questions.		
DISCUSSION ITEMS			
Review & Approve Laliik Sponsorship Application	Chelsea reviewed Laliik Sponsorship application <ul style="list-style-type: none"> We updated this policy to include cautionary measures around COVID and asked our partners to re-submit their applications with their corresponding COVID updates. This application was approved by this committee previously, this time was for anyone to comment on the changes. 		

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	<p>✓ MOTION: Rhonda Huff made motion to approve Laliik Sponsorship Application. Seconded by Sandra Suarez. Motion approved by all.</p>
<p>Review & Approve LIHN Training Policy</p>	<ul style="list-style-type: none"> • Brissa covered the Revised 20201 LIHN policy • Some sites reached out in June stating they wanted to apply for some LIHN training, Carol and Brissa went over the LIHN Training Policy and found it out dated: this policy is the revised policy presented to this committee for approval. Due to COVID, we realized our trainings were limited and there was a broader need for training that this could provide so we expanded it. • We wanted to make it clear there are other types of trainings the \$5K can go towards. <ul style="list-style-type: none"> ○ If they do not use it in the fiscal year, it does not roll over. It is \$5K/LIHN and there are 7 LIHNs – potential for \$35K total ○ Eligible trainings have to relate to the GCACH and LIHN missions ○ One site requested a LIHN membership or committee meeting be held to approve trainings so that language was added to this policy ○ • Key Changes: <ul style="list-style-type: none"> ○ Brissa added as contact for submissions ○ Added definitions on GCACH and LIHN ○ Cleaned up the menu of LIHN trainings site could participate in. • Brissa reached out for feedback and LIHNs were made aware modifications could be made based on that feedback • Do we have a list of what trainings sites have applied for to date and which LIHNs they are using? <ul style="list-style-type: none"> ○ Not many LIHNs have taken to opportunity to use this funding ○ No one used the funding last year ○ Next LIHN mtg. is today at 1:00 pm to inform them of the training money so hopefully they will utilize it this year ○ 2019 was the last time this policy was revised, so we took this time to revise, update, and push it out there so more sites will utilize the funds ○ Kittitas County Health Network and Ben-Franklin Community Health alliance, applied for funding and have utilized this fund the most • Diversity, Equity and Inclusion. Some cases we include Justice, some cases we don't. Sandra requested we reach a consensus to use it consistency. <ul style="list-style-type: none"> ○ Request to use Justice, Equity, Diversity & Inclusion when possible. ○ Madelyn is supportive to make that edit. Madelyn pointed out it was discussed in the last board meeting to include it as well. Make that change consistent across GCACH comm, and documents. <p>✓ MOTION: Motion to approve LIHN training policy with the changes made to from DEI to JEDI</p> <ul style="list-style-type: none"> • Joyce moved to approve. Seconded by Sandra. Motion approved by all.

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**Vaccination
Marketing
Discussion**

Carol Moser introduced that GCACH has an opportunity to receive funding to run a marketing campaign to Ben-Franklin counties about free mobile vaccination clinics. This discussion is about the messaging of that campaign. GCACH has not yet received the funding, we are asking to use the funds to market the free mobile clinics provider in collaboration with Keizer Permanente and Medical Teams International. The messaging would align with WA States POP approach. GCACH will know this week if they get the funding.

- GCACH was contacted by Better Health Together ACH and North Sound ACH - who received funding from Keizer Permanente – to do pop-up vaccination clinics that are run by Medical Teams International (MTI) <https://www.medicalteams.org/>.
 - MTI has been working with BFHD and YHD but now Keizer reached out to say they would provide these vans in coordination with MTI to do some pop-up vaccination sites in Ben-Franklin Counties.
- We have reached out to multiple community organizations and influencers to secure partnerships to host these pop-up sites.
- We are also trying to put together some marketing that would use the Power of Providers (POP) initiative <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/POPInitiativePresentation.pdf> to encourage their patients to get vaccinated.
 - According to the survey done locally, 81% of unvaccinated people interviewed were more likely to get vaccinated if told by their provider over anyone else.
- We are working with the Ben-Franklin Health Alliance to leverage POP in Ben-Franklin counties to encourage their patients to get vaccinated.
 - Imagining of providers all on one screen with scrolling messages to get vaccinated in all local languages (spoken and written).
- This would be a 3-month messaging campaign that runs on TV, radio, and social media where we would use providers as the influencer in these mediums encouraging people to get vaccinated.
- MTI was thinking about being in Tri-Cities August, 12th and 13th and Yakima the 17th - 20th
 - MTI gives very little notice as to when they show up.

Discussion:

- The funds are proposed to be used towards marketing because the mobile units themselves are free.
- The mobile units themselves are very short notice. You cannot book them in advance, often we only know 1 week in advance where they will be; therefore, it would be very difficult to try and align them to community events that are happening.
- What we are able to do is on any of our marketing medium we can add a tag line indicating where a mobile clinic will be. Those are frequently changeable based on where the mobile clinic will be. We don't have to work with each TV or radio station, we can work directly with the marketing company.

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<p>Vaccination Marketing Discussion cont.</p>	<ul style="list-style-type: none"> • Connect with big social media groups like Flatten the Curve and Impact Washington to spread the news further, faster. • Yakima: We have lots of campaigns going on right now so it's important to be aware of those. We are doing a lot of direct marketing and campaigns to our patients saying "Dr. ___ says get vaccinated" Just be aware of what local advertising is also happening. We are barraging marketing to our patients. 80K of funding just for marketing. • Concern: How much is too much? Don't have an answer; patients can get overwhelmed and confused by lots of information. The last thing you want to do is cement the wrong attitude in somebody's head. At what point to do we saturate the message so much we saturate the resistance. • Recommendation: We should used a mixed campaign, we want people to talk to their providers to ask them why they are hesitant. <ul style="list-style-type: none"> ○ Definitely keep the POP. ○ People think this is just the flu they will get over in a couple of weeks but no one is talking about the long-term residual effects. ○ KEPR did a story on a family who was resistant, then the entire family got COVID, the father was hospitalized, and now the family are big advocates for the vaccine. The families that have done a 180. powerful single story is much more impactful for people to watch and listen to. ○ Another idea would be to use the community providers, maybe in the commercial. Use the pop-up clinics or also say your clinics have the vaccine and ask all the providers if we can promote them as a place to get a vaccine. ○ World Relief could get us some connections in minority groups to truly understand why minority groups are not getting vaccinated. Our minority groups are saying they do not have information in their language. ○ Cautionary tale: one clinic was offering a raffle if you get vaccinated so people said they didn't want to get vaccinated because they were having to incentivize people getting it. (we do not have funding to provide incentives to get vaccinated. We are just relying on our partners to get people to the sites) ○ Target the reasons for hesitancy: ○ Other strategies: <ul style="list-style-type: none"> ▪ Targeting big box stores to host a vacc. day. Talk to employers about mandating vacc. for employees. Once we get sites on board then we can offer to send out mobile sites to them for a vacc. day. ▪ Coordinate or market to employers about mandatory vaccinations. Then once employers come on we can offer to take our mobile units to their sites. ▪ Target schools: a lot of young families were waiting to see what happened with the vaccine, now that we have had time pass we could do a target campaign now that it has been around for a while to get people vaccinated – perhaps before school starts?
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<p>Vaccination Marketing Discussion etc.</p>	<ul style="list-style-type: none"> • It is more about the outreach and connections. It is finding the right communication and motivational strategies. It has to be unified and complimentary. People, for whatever reason, are refusing to get vaccinated. • Because so many people are already doing this work, once we have the funding, can we have one large group zoom meeting with all key partners so we can all hear the presentation, gain alignment and all feel invested in the initiative. • The group would like to help get materials and word out for all marketing materials. All partners have Facebook pages. If we have the material available we can post that for the population we are serving. <p>There is no issue with capacity for vaccines, the issue is with people not coming to get vaccinated:</p> <ul style="list-style-type: none"> • MTI Pop Up Sites for Yakima – they suggest the 17th-20th. Is that too many days if we count of Yakima to have that many sites available. Thoughts on that? MTI is seeking us out. • Yakima County has lots and lots of capacity to vaccinate. We have more open appointments than we have people to fill them. We are seeing a big dip in people seeking vaccines. We have capacity to do pop-up events and we can't even get those filled. We are going to jails, orchards, wear houses, etc. but we cannot get people to do to. Compared to other counties, Yakima has so much capacity. Sunnyside, granger, all have capacity. <p>Action items: GCACH is still trying to line up partners for the vaccination sites. Right now we are working with a group on the vaccine messaging. They will host a meeting for all partners come back and hear the final messaging once it is put together.</p>
ADJOURNMENT	
<p>Adjournment</p>	<p>Meeting adjourned at 11:56 am. Minutes taken by Stacey Davis</p> <p>Recap of Motions</p> <ul style="list-style-type: none"> • Motion to approve March 2021 meeting minutes • Motion to approve LIHN training policy with the changes made to from DEI to JEDI • Motion to approve Laliik Sponsorship Application <p>Recap of Actions</p> <ul style="list-style-type: none"> • GCACH is lining up partners to host vaccination sites. • GACACH is working with a group on the vaccine messaging and will be following up on message recommendations made during discussion. • GCACH will host a meeting for all partners come back and hear the final messaging once it is put together.

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